

Outcomes in Open Reduction Internal Fixation of Ankle Fractures in Patients Based on Insurance Status

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BACKGROUND

Over 130,000 ankle fractures occur every year. Prior studies have shown that for elective procedures underinsured patients have poorer outcomes. Does this hold true for traumatic ankle fractures?

METHODS

- Collected chart data from patients seen at a Level 1 trauma center and a community hospital in Fresno
- Data included insurance information as well as peri-operative and post-operative data
- Primary outcome – post-operative complications, revision surgery
- Secondary outcomes – time to surgery, compliance with weight-bearing restrictions, patient compliance

RESULTS

- No difference in wound complications or revision surgeries based on insurance status
- Underinsured patients had significantly longer time to surgery
- Non-compliance with weight-bearing significantly predicted more wound complications irrespective of insurance status

DISCUSSION

We contend that although patients who are underinsured may have more barriers in accessing care and worse outcomes in the elective orthopaedic setting, this discrepancy in post-operative outcomes does not necessarily apply to orthopaedic trauma patients.

ACKNOWLEDGEMENTS

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Insurance type does not predict patient outcomes following open reduction internal fixation of ankle fractures.

ANOVA ^a						
Model		Sum of	df	Mean	F	Sig.
1	Regression	0.073	1	0.073	0.563	.454 ^b
	Residual	27.955	217	0.129		
	Total	28.027	218			
a. Dependent Variable: Appearance of ANY wound complication during ANY						
b. Predictors: (Constant), Insurance in 2 groups (excluding other)						

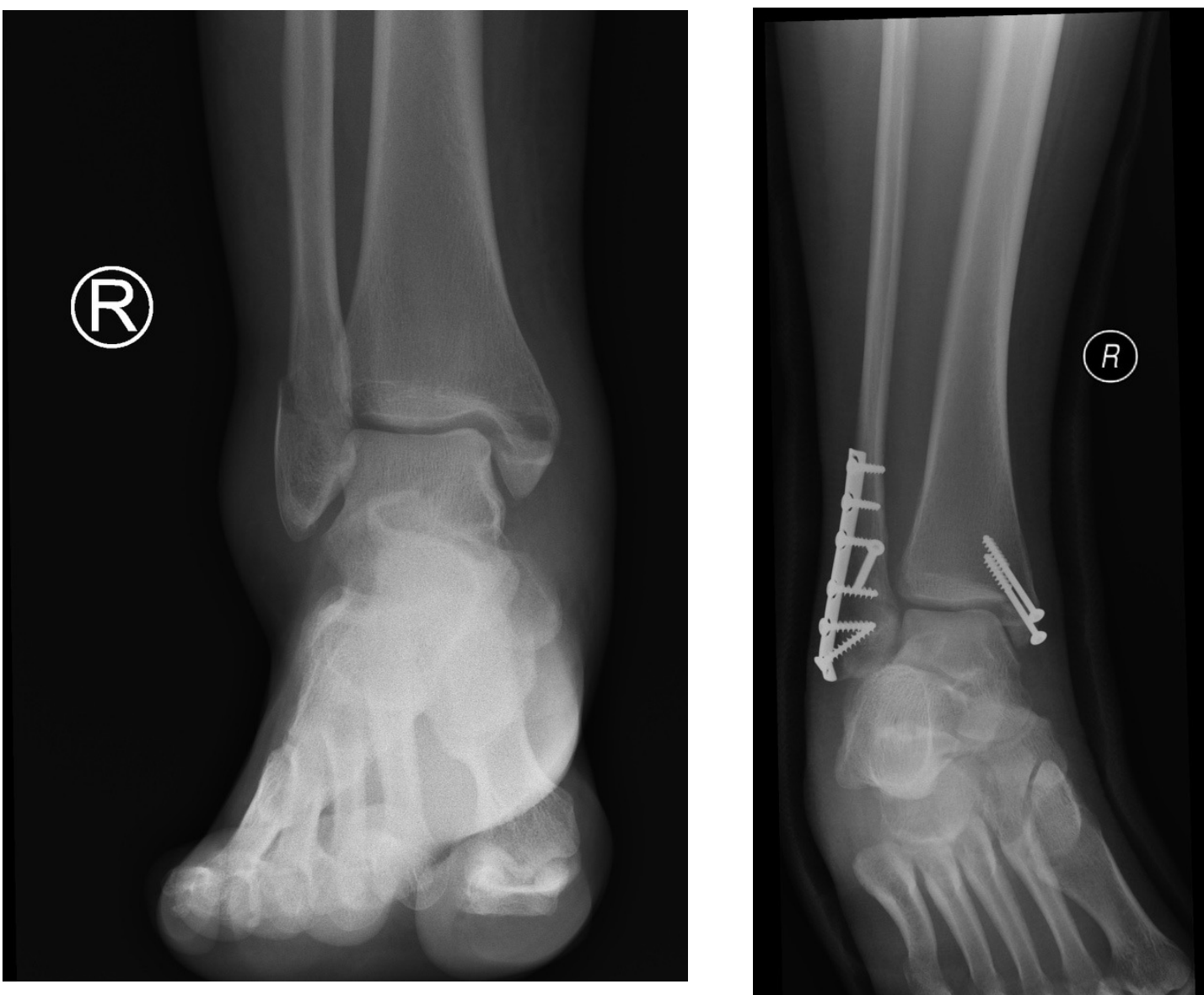
Insurance type (none/uninsured/medicaid vs private/workers comp/medicare) does not significantly predict any more or less wound complications in follow-ups, $F(1,218)=+0.563$, $p=.454$.

ANOVA ^a						
Model		Sum of	df	Mean	F	Sig.
1	Regression	0.184	1	0.184	1.436	.232 ^b
	Residual	27.843	217	0.128		
	Total	28.027	218			
a. Dependent Variable: Need for ANY revision surgery during ANY follow-ups						
b. Predictors: (Constant), Insurance in 2 groups (excluding other)						

Insurance type (none/uninsured/medicaid vs private/workers comp/medicare) does not significantly predict any more or less need for revision surgery in follow-ups, $F(1,217)=+1.436$, $p=.232$.



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Other findings:

- Higher rates of males, unemployment, Hispanics, alcohol use, and medical comorbid conditions in the underinsured group
- More open fractures in the insured group
- No differences in syndesmotic involvement or fracture pattern between groups
- No difference between race or BMI for any outcome measure



Images courtesy of Radiopaedia:
<https://radiopaedia.org/cases/bimalleolar-ankle-fracture-1?lang=us>